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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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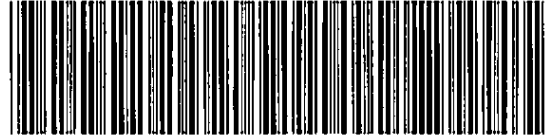
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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JUL 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations
CADD Microsystems, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
MARY MULDOON

_____	Name of Person
CADD Microsystems, Incorporated	
_____	Firm/Company
6361 Walker Lane Suite 400	
_____	Address
Alexandria, VA22310	
_____	City/State and Zip code
CADD-ADMIN@CADDMICROSYSTEMS.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY MULDOON	703	924-5328
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

CADD MICROSYSTEMS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
VA 54-1352444

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/24/1985

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
6361 WALKER LANE SUITE 400

7. _____
(Principal office address)
ALEXANDRIA, VA 22310

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Barbara Porciello

Office Address: 11231 SW Pembroke Drive
Port St. Lucie, FL, Florida 34987
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara Porciello

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

JEFF GRAVATTE

Chairman:

6361 WALKER LANE SUITE 400 ALEXANDRIA, VA 22310

Address:

Vice Chairman:

Address:

MATTHEW DAVOREN

Director:

SAME

Address:

SUSAN THOMSON

Director:

SAME

Address:

B. OFFICERS

MATTHEW DAVOREN

President:

SAME

Address:

CEO: JEFF GRAVATTE

Vice President:

SAME

Address:

SUSAN THOMSON

Secretary:

SAME

Address:

SUSAN THOMSON

Treasurer:

SAME

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13.

Susan G Thomson, CEO

(Typed or printed name and capacity of person signing application)

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That CADD MICROSYSTEMS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 24, 1985;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 28, 2019*

Joel H. Peck

Joel H. Peck, Clerk of the Commission